

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Neurodevelopmental Centers
Managed Care Plans

Memorandum No: 04-92 MAA
Issued: December 10, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Neurodevelopmental Centers: Fee Schedule Changes

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration will:

- Begin using 2005 Current Procedural Terminology (CPT)[®] and Healthcare Common Procedure Coding System (HCPCS) Level II code additions as discussed in this memorandum; and
- Add maximum allowable fees for the new codes.

Added and Deleted Procedure Codes

MAA is adding or deleting the following procedure codes for the Neurodevelopmental Centers Program:

Physical Therapy

MAA is deleting CPT code 97601 for selective wound debridement and replacing this code with CPT codes 97597 and 97598. Do not bill MAA using CPT code 97601 for dates of service after December 31, 2004.

Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
97597	Active wound care/20 cm or <	\$29.24	\$29.24
97598	Active wound care > 20 cm	37.18	37.18
97605	Neg press wound tx, < 50 cm	Bundled	Bundled
97606	Neg press wound tx, > 50 cm	Bundled	Bundled

Audiology

MAA is deleting CPT code 92589 for central auditory function tests and replacing this code with CPT codes 92620, 92621, and 92625. Do not use CPT code 92589 for claims with dates of service after December 31, 2004.

Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92620	Auditory function, 60 min	\$27.20	\$27.20
92621	Auditory function, + 15 min	6.80	6.80
92625	Tinnitus assessment	26.75	26.75

Billing Instructions Replacement Pages

Attached are replacement pages 11/12, 15/16, 17/18 for MAA's current *Neurodevelopmental Centers Billing Instructions*. **Note: Pages 11, 15, and 18 have no added or deleted codes; we are including them because we have reformatted them or because they are attached to the back or front of a changed page.**

How can I obtain MAA's Provider Issuances?

To obtain MAA's numbered memoranda and billing instructions, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free hard copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily)
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-8831/
telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Physical Therapy (cont.)

Procedure Code	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Modalities			
97010	Hot or cold packs therapy	Bundled	Bundled
97012	Mechanical traction therapy	\$9.07	\$9.07
97014	Electrical stimulation therapy	8.61	8.61
97016	Vasopneumatic device therapy	8.61	8.61
97018	Paraffin bath therapy	4.08	4.08
97020	Microwave therapy	2.95	2.95
97022	Whirlpool therapy	9.07	9.07
97024	Diathermy treatment	3.63	3.63
97026	Infrared therapy	2.95	2.95
97028	Ultraviolet therapy	3.63	3.63
(For the procedures listed below, the therapy provider is required to be in constant attendance.)			
97032	Electrical stimulation	9.52	9.52
97033	Electrical current therapy	12.70	12.70
97034	Contrast bath therapy	8.61	8.61
97035	Ultrasound therapy	7.48	7.48
97036	Hydrotherapy	14.06	14.06
97039	Physical therapy treatment	7.03	7.03

Physical Therapy (cont.)

Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Therapeutic Procedures (Therapy provider is required to be in constant attendance.)			
97110	Therapeutic exercises	\$17.46	\$17.46
97112	Neuromuscular re-education	17.46	17.46
97113	Aquatic therapy/exercises	19.95	19.95
97116	Gait training therapy	14.96	14.96
97124	Massage therapy	13.38	13.38
97139	Physical medicine procedure	9.52	9.52
97140	Manual therapy	16.10	16.10
97150	Group therapeutic procedures	10.65	10.65
97504	Orthotic training	18.59	18.59
97520	Prosthetic training	17.00	17.00
97530	Therapeutic activities	17.68	17.68
97535	Self care mngment training	18.14	18.14
97537	Community/work reintegration	16.55	16.55
97542	Wheelchair mngment training	Not Covered	
97545	Work hardening	Not Covered	
97546	Work hardening add-on	Not Covered	
97597	Active wound care/20 cm or <	29.24	29.24
97598	Active wound care > 20 cm	37.18	37.18
97601	Wound care selective- Deleted 1/1/05	23.58	23.58
97602	Wound care non-selective	19.50	19.50
97605	Neg press wound tx, < 50 cm	Bundled	Bundled
97606	Neg press wound tx, > 50 cm	Bundled	Bundled

Speech Therapy

Procedure Code/ Modifier	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists and Speech-Language Pathologists			
92506	Speech/hearing evaluation	\$80.25	\$29.70
92507	Speech/hearing therapy	38.09	17.68
92508	Speech/hearing therapy	17.91	8.84
92510	Rehab for ear implant	82.97	54.18
92551	Pure tone hearing test, air	10.18	10.18
97532	Cognitive skills development	14.96	14.96
97533	Sensory integration	15.64	15.64
Audiologists Only			
69210	Remove impacted ear wax	29.24	20.18
92541	Spontaneous nystagmus test	31.96	31.96
92541-TC	Spontaneous nystagmus test	18.14	18.14
92541-26	Spontaneous nystagmus test	13.83	13.83
92542	Positional nystagmus test	32.42	32.42
92542-TC	Positional nystagmus test	21.08	21.08
92542-26	Positional nystagmus test	11.34	11.34
92543	Caloric vestibular test	14.74	14.74
92543-TC	Caloric vestibular test	11.11	11.11
92543-26	Caloric vestibular test	3.63	3.63
92544	Optokinetic nystagmus test	25.62	25.62
92544-TC	Optokinetic nystagmus test	16.78	16.78
92544-26	Optokinetic nystagmus test	8.84	8.84
92545	Oscillating tracking test	23.80	23.80
92545-TC	Oscillating tracking test	15.87	15.87
92545-26	Oscillating tracking test	7.93	7.93
92546	Sinusoidal rotational test	48.29	48.29
92546-TC	Sinusoidal rotational test	38.54	38.54

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(Revised July 2004)

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Fee Schedule

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Speech Therapy (cont.)

Procedure Code/ Modifier	Brief Description	January 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists Only (cont.)			
92546-26	Sinusoidal rotational test	\$9.75	\$9.75
92547	Supplemental electrical test	27.43	27.43
92552	Pure tone audiometry, air	10.88	10.88
92553	Audiometry, air & bone	16.32	16.32
92555	Speech threshold audiometry	9.29	9.29
92556	Speech audiometry, complete	14.06	14.06
92557	Comprehensive hearing test	29.47	29.47
92567	Tympanometry	12.92	12.92
92568	Acoustic reflex test	9.29	9.29
92569	Acoustic reflex decay test	9.97	9.97
92579	Visual audiometry (VRA)	17.91	17.91
92582	Conditioning play audiometry	17.91	17.91
92584	Electrocochleography	60.98	60.98
92585	Auditor evoke potent, compre	61.89	61.89
92585-TC	Auditor evoke potent, compre	45.11	45.11
92585-26	Auditor evoke potent, compre	16.78	16.78
92586	Evoked auditory test	45.11	45.11
92587	Evoked otoacoustic emissions; limited	36.73	36.73
92587-TC	Evoked otoacoustic emissions; limited	31.96	31.96
92587-26	Evoked otoacoustic emissions; limited	4.76	4.76
92588	Evoked auditory test	48.29	48.29
92588-TC	Evoked auditory test	36.05	36.05
92588-26	Evoked auditory test	12.24	12.24
92589	Auditory function test(s) Deleted 01/01/05	13.15	13.15

Speech Therapy (cont.)

Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists Only (cont.)			
92601	Cochlear implt f/up exam < 7	\$79.34	\$79.34
92602	Reprogram cochlear implt < 7	55.31	55.31
92603	Cochlear implt f/up exam 7 >	52.37	52.37
92604	Reprogram cochlear implt 7 >	34.91	34.91
92620	Auditory function, 60 min	27.20	27.20
92621	Auditory function, + 15 min	6.80	6.80
92625	Tinnitus assessment	26.75	26.75
Speech-Language Pathologist Only			
92526	Oral function therapy	51.01	17.46
92597	Oral speech device eval	59.17	30.83
92605	Eval for nonspeech device rx	Bundled	
92606	Non-speech device service	Bundled	
92607	Ex for speech device rx, 1 hr	74.81	74.81
92608	Ex for speech device rx, addl	16.32	16.32
92609	Use of speech device service	37.41	37.41
92610	Evaluate swallowing function	80.25	80.25

Continued on next page...

Occupational Therapy

Procedure Code	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
64550	Apply neurostimulator	\$11.11	\$5.44
97003	OT evaluation	48.06	37.41
97110	Therapeutic exercises	17.46	17.46
97112	Neuromuscular reeducation	17.46	17.46
97504	Orthotic training	18.59	18.59
97520	Prosthetic training	17.00	17.00
97530	Therapeutic activities	17.68	17.68
97532	Cognitive skills development	14.96	14.96
97533	Sensory integration	15.64	15.64
97535	Self-care mngment training	18.14	18.14
97537	Community/work reintegration	16.55	16.55
97703	Prosthetic checkout	15.42	15.42